MER PAGE - LONG FORM **Recipient Committee Campaign Statement** (Government Code Sections 84200 - 84216.5) Date of Election if applicable Statement covers period 05/21/2006 (Month, Day, Year) through 06/30/20061. Type of Recipient Committee: 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee ☐ Pre-election Statement ☐ Quarterly Statement O State Candidate Election Committee O Primarily Formed ■ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement ☐ Supplemental Pre-election O Sponsored ☐ Amendment (Explain below) Statement - Attach Form 495 ☐ General Purpose Committee O Sponsored ☐ Primarily Formed Candidate O Small Contributor Committee Officeholder Committee O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 930371 COMMITTEE NAME NAME OF TREASURER Connie Silva Jim Silva for Supervisor STREET ADDRESS STREET ADDRESS (NO DO BOY) CITY NAME OF ASSISTANT TREASURER, IF ANY STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	7/20/06	Ву	Connie Silva
Executed on	7 - 2 C - C G DATE	Ву	SIGNATURE OF TREASURER OR ASSISTANT TREASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE STATE MEASURE PROPONENT

COVE	R PAGE - F	PART 2
CALIFO FORM	PRNIA 4	50
Page	² of	4

NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASURE					
Jim Silva							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	BALLOT NO. OR LETTER JURISDICTION		SUPPORT				
Board of Supervisors, District 2, (County of Orange			OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	Identify the controlling officeholder, candidate, or state measure proponent, if any.						
		NAME OF OFFICEHOLDER, CANDIDATE OR, PRO	OPONENT				
Related Committees Not Included in this Stater not included in this consolidated statement that are controlle formed to receive contributions or to make expenditures on	ed by you or which are primarily	OFFICE SOUGHT OR HELD	DIST	FRICT NO. IF ANY			
COMMITTEE NAME	I.D. NUMBER	7 D : :					
Jim Silva for Assembly	1269291	7. Primarily Formed C	ommittee				
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
Connie Silva				OPPOSE			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
				OPPOSE			
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
				OPPOSE			
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT			
				OPPOSE			
NAME OF TREASURER	CONTROLLED COMMITTEE?						
			•				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							
CITY STATE	ZIP CODE AREA CODE/PHONE						

Campaign Disclosure Statement Summary Page

HAMEOFFILER Olm Silva, Jim Silva for Supervisor

Statement covers period

from <u>05/21/2006</u>

through 06/30/2006

Page 3 of 4 LO NUMBER

930371

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Construction	1. Monotary Contributions		CO C	
Substotal Cash Contributions	2. Loans Received	, activity of the second secon		
Non-processory Certibodoms	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	S The second	E John Solve Printer parature that parature per service services and services and services of the services of	Aecalved &
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Schedule E				Statement covers period		CALIFORNIA A 6		
Payments Made					from _	05/21/2006	FORM	-700
					throug	nh 06/30/2006	Page	4 of4
AMEOFFILER Jim Silva, Jim Silva for S	Superviso	or	Transfer of the Control of the State of the		1		I.D. NUMB	
				· · · · · · · · · · · · · · · · · · ·			93037	71
CODES: If one of the following codes accurately desc	ribes the pa	ıyment,	you may enter the	code. Otherwi	se, desc	ribe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CIL candidate filling/ballot fees CND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG mee OFC offic PET petii PHO pho POL polli POS posi PRO prof	PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services			RAD radio airtime and production costs RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging and meals (explain) TRS staff/spouse travel, lodging and meals (explain) TSF transfer between committees of the same candidate/sp VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER		<u> </u>						
Barrett Garcia & Co.		PRO	OR	DESCRIPTION	ON OF PAY	MENT		AMOUNT PAID
						SUBTO	TAL \$	245.00
Schedule E Summary				•				
1. Payments made this period of \$100 or more. (Inc.	ciude ali S	chedule	E subtotals.)		•	•••••	\$_	245.00
2. Unitemized payments made this period of under	\$100			***************			\$	73.72
3. Total interest paid this period on outstanding loa	ns. (Enter	amount	from Schedule	B, Part 2, Colu	mn(d).) .		\$_	0.00
4. Total payments made this period. (Add Lines 1,	2, and 3. E	inter he	re and on the Si	ummary Page,	Column	A, Line 6.) TO	TAL \$_	318.72